

Town of Scituate Health Reimbursement Arrangement (HRA)

Claim Voucher

JULY 1, 2011 TO JUNE 30, 2012

CPA, INC.
420 Washington Street, Suite 100
Braintree, MA 02184

(781) 848-9848 (Phone)
(781) 848-8477 (Fax)

EMPLOYEE: _____ SS#: _____ - _____ - _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: () _____ E-MAIL: _____

HEALTH PLAN (check one): Network Blue HMO HPHC HMO

Reimbursement for subscriber and family members enrolled in either Network Blue HMO or HPHC HMO health plans. ALL EXPENSES MUST BE INCURRED BETWEEN JULY 1, 2011 TO JUNE 30, 2012

Type of Medical Care COPAY Expenses	Reimbursable Amount	Reimbursable Amount	Number of visits, admissions, incidents, or prescriptions	Total Reimbursement (Number times reimbursable amount)
	Network BLUE	HPHC HMO		
<i>Example: Office Visit Co-pay</i>	<i>\$10.00 per visit</i>	<i>\$5.00 per visit</i>	<i>3</i>	<i>\$30</i>
Office Visit Copays Subject to the Primary Care Co-pay (cost Net Blue=\$15 HP=\$15)	\$10 per visit	\$5 per visit		
ER visit (no admission) (cost: Net Blue=\$75 HP=\$75)	\$50 per visit	\$25 per visit		
Retail Prescription Tier 1	n/a	\$5.00		
Retail Prescription Tier 2	n/a	\$5.00		
Mail Order Prescription Tier 1 (cost: Net Blue=\$20 HP=\$20)	\$10.00	\$15.00		
Mail Order Prescription Tier 2 (cost: Net Blue=\$40 HP=\$40)	\$20.00	\$25.00		
Mail Order Prescription Tier 3 (cost: Net Blue=\$70 HP=\$105)	\$35.00	\$70.00		

TOTAL CLAIM AMOUNT: \$ _____

This is to certify that I have incurred the expenses listed above that qualify for reimbursement under the Town of Scituate Health Reimbursement Arrangement. I have not been reimbursed from any other source including insurance programs or other programs offered by my employer. None of these expenses have previously been submitted. I understand and agree that since these expenses are to be reimbursed they may not be claimed as deductions for income tax purposes. I hereby request reimbursement for these claims. **All medical claims submitted require copies of original invoices or receipts.**

PARTICIPANT'S SIGNATURE: _____ DATE: _____